1600055116

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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

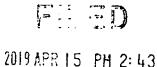
TO:	Registration Se Division of Cor						
	Maria Sipe	Photography, LLC					
SUBJE	CCT:	Name of Lim	ited Liability Company	.			
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		Maria Sipe					
			Name of Person				
		Sipe Photography, LLC					
			Firm/Company				
7803 Zambrana St							
			Address				
		Sebring, F1, 33872					
		City/State and Zip Code sipephotos@gmail.com					
		E-mail address: (to be used for future annual report notif	ication)			
For fur	ther information c	oncerning this matter, please ca	all:				
Maria	Sipe		863 414-8994				
	Name o	f Person	at ()at () Daytime	Telephone Number			
Enclose	ed is a check for th	ne following amount:					
□ \$ 25	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Maria Sipe Photography	-	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	7
The Articles of Organization for this Limited Liability Company Florida document number L16000055116	y were filed on January 2, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial Sipe Photography, LLC	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company." the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		r the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida _	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kevin Sipe	7803 ZAMBRANA ST SE	BRING, FL WADD
			<u>_</u>
			□ Change
			□ Remove
			Change
			D Add
			□ Remove
			Change
			Add
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			Change
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			□ Remove
			Change

 					
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ective date, if other than th	e date of filing:			(optional)	
reffective date is listed, the date m	ust be specific and canno	ot be prior to date	of filing or more that	n 90 days after filing.) Pu	
te: If the date inserted in this lament's effective date on the			atutory filing requ	irements, this date wil	I not be listed a
record specifies a delaye	ed effective date,	but not an	effective time,	at 12:01 a.m. on	the earlier
he 90th day after the re	cord is filed.				
April 11th	20	19			
led	Signature of a member	·			
	_ / /				

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Typed or printed name of signee

Filing Fee: \$25.00